

Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1313737
Vendor Name: Illinois Community College Trustees
Invoice Number: 80103
Invoice Date: 08/13/18
PO Number:
Check Number: 0237979
Check Amount: \$ 3,500.00
Check Date: 08/15/2018
Department ID: 00781
Reviewer Name:
Voucher Number: V0523203
Redaction Type: None
Document Type: AP Invoice-3 Way/Pre-Approved

Document Below

From: acctpay@cod.edu
Sent: Tue Aug 14 13:32:59 CDT 2018
To: invoicing@cod.edu
CC:
Subject: FW: Check Request - ICCCP FY19 Annual Dues.pdf

From: Frye, Tracey
Sent: Tuesday, August 14, 2018 10:54 AM
To: Accounts Payable <acctpay@cod.edu>
Subject: Check Request - ICCCP FY19 Annual Dues.pdf

Please find the attached check request for the Illinois Council of Community College Presidents Annual Dues.

If you require any additional information, please let me know.

Regards,



Tracey Frye
Executive Assistant to the President
College of DuPage
425 Fawell Blvd. | SRC 2135 | Glen Ellyn, IL 60137-6599
phone 630.942.2201 | fax 630.942.2869 | fryetr@cod.edu

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College of DuPage - Accounts Payable
Check Request Form
revised 12/18/17

This form may be used to request check payments only for those items for which the issuance of a purchase order would not be appropriate. Attach supporting documentation (e.g., invoice or agreement). Please refer to Vendor Payment - Check Request Procedure No. 10-65

Date: 8/13/2018
Vendor ID: 1394214

Invoice Number	P.O. Number/ Req. Number	Fund	Func.	Dept.	Object	Object Descrip.	Amount
80103		01	80	00781	5406002	Dues	\$ 3,500.00
Grand Total							\$ 3,500.00

\$1,000 and Greater Approval of Division Vice President Required

Check the appropriate box below and sign

- ☒ **We**, the undersigned, hereby certify that the goods/services, for which payment is herein requested, have been provided in a satisfactory condition/manner. Consequently, payment is appropriate at this time.
- ☐ **We**, the undersigned, hereby certify that the goods/services, for which payment is herein requested, have not yet been provided. The first approver indicated below will notify the Accounts Payable Office in writing when the goods/services have been delivered in a satisfactory condition/manner.

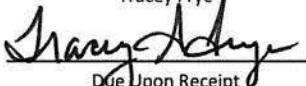
Payee Name: President's Council
ICCCP c/o Stephanie Spann
401 E. Capitol Ave., Ste 200
Payee Address: Springfield, IL 62701-1711

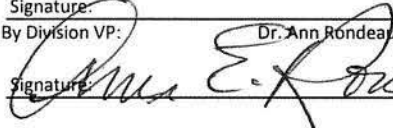
Other
Instructions: _____

Description on Check:

Dues FY2019

Approvals:

Prepared By: Tracey Frye
Signature: 
Payment Due: Due Upon Receipt
Board Approved Date: NA

Approved By: _____ Date: _____
Signature: _____
Approved By: _____ Date: _____
Signature:  Date: 8/13/18
Approved By Division VP: Dr. Ann Rondeau

Return Approved Request and All Supporting Documents to: Accounts Payable (SRC 2132 A), acctpay@cod.edu



ILLINOIS COUNCIL
of Community College
PRESIDENTS

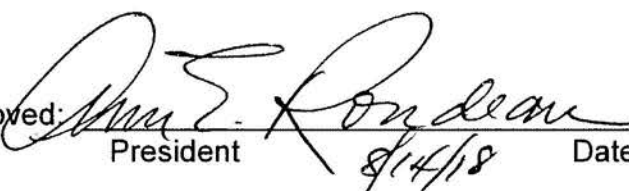
**DUES
INVOICE**

College of DuPage
Attn: Dr. Ann Rondeau
425 Fawell Boulevard
Glen Ellyn, IL 60137

Date: 8/7/2018

Invoice #: 80103

Terms: Due upon Receipt

Description	Amount
FY19 Illinois Council of Community College Presidents (ICCCP) Dues	3,500.00
<div>Approved:  President 8/14/18 Date</div>	
Please make check payable to: Presidents Council and mail to: ICCCP c/o Stephanie Spann 401 E. Capitol Ave, Ste 200 Springfield, IL 62701-1711	
Total	\$3,500.00